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COVER LETTER

TO: Amendment Section Division of Corporations

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Sunrise City Comm	unity Housing Develop	oment Organization, Inc.
N01000000Q3Y		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subn	nitted for filing.	•
Please return all correspondence concerning this matte	r to the following:	
Roderick Waller		
	(Name of Contact Perso	n)
Sunrise City Community Housing Development C	Organization	
	(Firm/ Company)	•
PO BOX 3582		
	(Address)	
Fort Pierce, FL 34948		
	(City/ State and Zip Cod	e)
rodwaller1gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	cult:	
772-201-2850	qi	
(Name of Contact Person)	(A)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Sunrise City Community Housing Organization, Inc				
(Name of Corporation as curren	tly filed with the Florida Dep	ot. of State)		
NO1000000734				
(Document Numb	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	·	Corporation adopts the following		
A. If amending name, enter the new name of the corporati	<u>on:</u>			
n/a 		The new		
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	5923 Forest City Road Uni	t C		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando, FL 32810	\$60. TA		
		AUG		
		5 0		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 3582	10 AF		
	Fort Pierce, FL 34948	TALLAHASSLASL		
		L: 00		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a N/A Name of New Registered Agent:		ne name of the		
Name of New NegMerea Agent.				
	(Florida street address)			
<u>New Registered Office Address:</u>				
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fai	niliar with and accept the oblig	gations of the position.		
	gnature of New Registered Ag	 ent_if changing		
31	gmanire ој њет невыштеа л у	ет, у спануту		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Toby T. Philpart	PO BOX 3582
Add			Fort Pierce, FL 34948
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or ad</u> (a <i>ttach additional s)</i>	ding additional Articles heets, if necessary). (h	s, enter change(s) Be specific)) here:		
=-					
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		. <u> </u>			
					
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	August 15, 2019	tr at at a
The date of each amendment(s late this document was signed.) adoption:	, if other than th
Effective date <u>if applicable</u> :	tion 00 to a few amounts out 6to data	
	(no more than 90 days after amendment file date)	
<u>Sote:</u> If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the arroyal.	mendment(s)
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) ectors.) was/were
August	15, 2019	
have n	chairman or vice chairman of the board, president or other of or been selected, by an incorporator – if in the hands of a rece	Ticer-if directors river, trustee, or
other c	court appointed fiduciary by that fiduciary)	
Rode	erick Waller. CEO	
	(Typed or printed name of person signing)	
	·	
	(Title of person signing)	